Why Your Child Can't Think Their Way Out of a Meltdown | Stephanie Johnson Transcript

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Introduction and Host Overview

Hi, welcome. I am Dr. Rachel McConnell and I'm your host and the creator of our Masterclass series here today called Why is my child acting this way? So I' m a board certified pediatrician with over 20 years of experience and so there's a lot of information out there, a lots of parenting tips and tricks out here, but my approach is a little bit different.

Because I think that the behavior your child is showing you is a signal. It's not necessarily the problem It is just that there's something going on and this is how it's coming out and This is they're displaying that.

There's an underlying problem. So it is time to stop guessing and start understanding I'll see you soon. Thanks Hey, Stephanie, welcome. Thank you so much for joining us today.

Can you tell us a little bit about yourself? Of course, my name is Stephanie Johnson, and I am a somatic psychotherapist working with the developmental movement model, treating primarily children, but really from zero to 100, I say, is my client base.

All right, terrific. So I know that I have a lot of questions about that. We're going to get into what exactly that is and what it means a little bit later.

Let's just jump right in. The name of our summit is, Why is my child acting this way? Whenever you see parents for the first time and they ask you that specific question, what do you tell them?

Yeah, there's a few ways I answer that. And honestly, Rachel, people are coming to me with bits and pieces of the understanding. So they're coming mostly with the question of, is it this?

Is it from the birth?

Behavior as a Signal, Not the Problem

It it because we do this, so they are doing their own field research and getting bits in pieces and then when they come to what I usually say is, You know there's truth in all of the things that you have found and what I like to do is just take a moment and assure them that we will get to the bottom of what you're seeing i'm not just gonna say he'll grow out of it it's nothing I will.

put effort into discovering more about your child and your family. And it's probably a few different things. It's, probably, some nervous system regulation and organization.

Might be some environmental things, but through the intake process, it tried to do a very thorough investigation so it can parse out what is actually making their child behave this way.

But I can assure them it is not because their and it's not something that they're doing wrong as parents. So those are the two upfront things. And then I assure them that we're gonna find out together why your child is behaving this way.

Terrific. One of the themes of this summit is that behavior is a signal and not necessarily the problem itself. How does that idea connect with what you do?

Yeah, it's almost the foundation of what I do, Rachel. So I like to call this approach that I use a bottom up approach

to child development, bottom-up approach, to therapy.

The symptoms are really, I think of them as the branches on the trees that we see. We see the beautiful branches. Fruit that a tree bears and what's really what I'm really looking at in terms of discovering the origin of symptoms is that root system that is way underneath that we don't see but is essential to those beautiful branches that We see every day in our trees.

I like to tell parents if we had x-ray vision and could see what was going on in that root system, this is sort of the approach we're taking. The signal to the adults is the behaviors that are either distracting other students, causing a little tension in the home, or maybe more severe than that.

So those are the child's signals, please come look under the hood. I'm not working efficiently, I don't feel good and safe in my body. Those are signals and I always tell parents those signals are an asset.

While they're frustrating, while we're figuring it out, i'm so glad your child is showing you this because there's many children who go under their radar because their body signals aren't big enough to catch the attention of well-meaning adults in their life.

So I often tell parents kind of the bigger the signals, the easier it is to get them the support that they need and just sort of flip that, you know, that idea about the symptoms and the behaviors being the problem.

They're the signal to gap the supports and to look deeper. Do you notice that parents come to you with certain behaviors or signals that they're mostly concerned about, or do you see the whole rainbow of them?

I see that the come with the ones that feel, they call them the entry point symptoms, so they are the one that teachers might be able to identify. Teachers are a good resource for knowing.

if a child is sitting outside the realm of what they would expect at that age because they see so many children. So lots of families will come with sort of like a report like they say this at school.

But usually those are, like I said, those the signal symptoms. And then the longer I work with a family, oh, and he's not sleeping. Oh, he only eats these two items.

So they'll come with something that they feel like is concrete and they know that need some support with, but once we do our intake and spend some time with the child and the family, a lot more symptoms reveal themselves and parents don't realize how they're tied in, how everything is tied-in.

Common Misconceptions and Therapy Differences

Parents will often say, oh yeah, and that reminds me, would this have something to do with it? So once they start to understand this bottom-up approach to nervous system organization, all the pieces fall in place.

And that way we start with a concrete symptom that's easy to describe, and then we unravel all of the other lesser symptoms. Nice. All right. So what is one of biggest misconceptions that people have about what you do or how you help children?

Well, I'll tell you, Rachel, in 2007, when I opened my practice, the word somatic wasn't out there in the mainstream like it is now. So my colleagues and I used to joke, like, what are we going to call ourselves?

We've got to really hone in our elevator pitch. Nobody knows what we do. And so at first, that was just confused with occupational therapy because the modality is so heavily body-based.

And that's the way parents could make sense of it. I was often even introduced to grandparents that drop off as, oh, this is so-and-so's OT. And, that doesn't happen so much anymore.

But I would say now the biggest misconception is that The child who has the biggest symptoms, the signal symptoms will get dropped off and when now that's settled, there will be peace and calm in the home.

So the idea that the identified client can be dropped-off, I'll work some magic and then the whole family system Shifts, I think that's the biggest misconception.

Parents don't understand the environmental supports that I'll suggest and put in place and the parenting, education and coaching piece that i'll put into place.

So I this idea that the one in the household that has the signal symptoms can just be dropped off and that is the end of it. I that that' the big misconception right now.

Okay, no, and that's a good one because I think a lot of specialists have that same issue sometimes when children are struggling that it is multiple, environmental, multimodal, not just one and done, like let's be done with that.

So you had mentioned that people used to confuse you with occupational therapy. Can you tell us, I guess, how you're different than an occupational therapist or a physical therapist?

Yes, of course, I guess the biggest difference is our credentialing. So I am a mental health provider. And so that is the baseline difference. I'm looking at everything through a Mental Health perspective.

Where the confusion comes is because it's so nervous system and body based. We don't have a really good model for mental Health providers working with bodies and the organization of the nervous System.

It's shifting, the climate right now is somatic everything. But I think just the lack of having a model where you go to a mental health provider and most of the work is body-based.

So I guess, and not all OTs, I have a lot of really respected colleagues who are OTS, they don't all work with primitive reflexes. Ots run the gamut in terms of how they work and their modalities and populations.

It's a really diverse range. And so in that way, You know that separates us as well i am working with a developmental movement model and looking at the nervous system from conception to walking plant trying to play detective work and figure out where that nervous needs a little bit more support where can we retro actively go back and revisit some of those stages and sometimes.

You know, in an OT environment, they're not always going back that far. Sometimes it's, here's the symptom, and here is how we're going to help it. It's true they are helping it in a body sense, but it is still, Here's symptom.

Here is what we are going do about that. And I feel like this developmental movement work goes really far back. We consider the birth history, we consider beginning of the origins of nervous system.

Interesting. So question, since I'm a pediatrician you know there's a whole movement on babies need to be on their back for sleep and so parents have taken that to mean like no tummy time or very limited tummy-time.

Tummy Time, Back Time, and Early Movement

Have you noticed an increase in issues with children spending more time on the back and less time in their tummy? Well, it's interesting and this might be regional as well.

I know we're in different places of the country. So when I started my practice in 2007, the moms were coming and saying they were terrified to put their babies on their tummy.

Um, And so then we see a we sort of a epidemic proportion of children who have the symptoms that would align with not enough play on the belly. But then something really shifted and the campaign became tummy to play back to sleep or something like, you know, that was the campaign.

And so then I saw it shift where parents were only putting their children on the tummies because it was tummy time, tummy, time tummy. Time, got to have the tummy timing, like a thousand hours a day of tummy-time and that Rachel also has some implications that are not optimal for the developing nervous system.

So just like our plants, we turn them, right? You turn the fern so each side gets developed. I don't understand a world where you would only put a baby on one side.

There's very valuable nervous system regulation and self-soothing. that happens from the body being able to fold into the center. And that, my friend, must be done while we're on our backs.

So when I am working with young families, I always tell them, we want to mix it up. There is value to being on your back, there is a value being to on you tummy, and then you work with your pediatrician around what you feel comfortable during the sleep time.

That's for you and your family and pediatricians to work around. But in awake playtime, we want them to be experiencing the side and the back and tummy and different things are being developed in each of those positions.

And it's not just physical development and coordination. The whole social emotional, emotional regulation piece is based on extension. sympathetic nervous system and flexion, parasympathetic nervous systems.

So in other words, arousal and calming. If a baby is only developing those back muscles, which we develop when we're on our tummy, then we have a Baby that is much trickier to soothe and we can create a nervous in an older child that kind of is on a constant state of arouse.

might qualify for general anxiety disorder, goes from zero to 60. So that physical piece early on is very important. It's not just all tummy, it's just not all back.

Nobody's cracked the code. We just kind of need to rotate and let them experience all the sides. Okay, no, that's terrific. And so hopefully this will get out there to some of those younger parents as well.

Because I think they need to hear that. So many parents think that movement is just a way for children, especially high energy children to just like go, go burn it off, Go move, play outside.

But can you talk to us how it's also related to like emotional regulation, attention, learning and behavior? Yeah. So just going back to the previous question, where I kind of explained the nuts and bolts of arousal and calming, that's one way where movement and I would, I'd kind like to say body-based activities, because sometimes people do think, oh, movement, go blow off your steam from the day.

And that definitely is valid and has a place. But I think that is different than using movement in a therapeutic setting. Sure, at the end of the day, the children, unfortunately, in our society have been sitting all day often in front of screens.

So yes, they do need to go blow off some steam, take them to the playground, let them run around the block. If you're close enough to school, have them race home as fast as they can.

That is real and that's real in all of our bodies. But when we think therapeutically of how the nervous system and brain wires, it wires via movement.

The intellect is the very last thing to become fully on board. So everything that we're wanting our children to be able to do with ease and joy at school breed with the horizontal eye tracking, help her hand move her hands, stabilize the lower body so they can sit in the chair without leaning all over or sitting under their feet.

All of these invisible mechanics of learning are body-based things. And so when we think about body based interventions, I often ask families to think about the signal symptoms.

Movement, Regulation, and Learning

Signal symptoms like we talked about before are body symptoms, pushing, hitting, biting, going from zero to 60, kind of like not being able to get off the couch, not, you know, horizontal eye tracking, that being in place.

All of the signals symptoms are our body-based symptoms so that is that kind helps us with the answer to why is movement so important because body based support is important.

In our culture, we are really, really interested in intellectual pursuits and the development of our cognition very early on. So our children don't really have a movement rich life from zero to nine that would integrate all of these things such to the point that professionals like me who do movement therapy are in high demand.

When we think about how the nervous system wires through movement, Hopefully that helps parents understand why movement interventions to help the signal symptoms is relevant.

A child cannot think their way out of a disorganized nervous system. There's no magic word, there's not magic script, you can't just talk to them. The body needs to be involved.

And so sometimes I just interchange that word movement with body based. Because people think of movement as like you said, running outside. Sometimes movement is like really small, like the movement of our breath.

sometimes it's the difference between being able to like sink into mom and like not ever really be comfortable doing that. So movement can be in little micro moments, and it can also be go run around the block a few times.

But in all of these different ways it shows up, very important to a organized, happy child who can learn and be in the world with joy and ease. Excellent.

So you had mentioned that our children like from zero through nine really aren't getting enough of this kind of movement. Um, so I know we'll talk more about this in a few minutes as well, but do you have like just one or two activities that you're like, boy, I wish I could see like everybody doing this for a couple minutes a day.

Yeah, it is hard to give a general because some children will respond to these like, oh, we've cracked the code. Have them do this. And some will avoid it.

So it really depends on the nervous system. I will give you a couple that I think are very accessible and and also do a lot to help regulate a child. So at the park, have you ever seen a kid on the swing with their tummy on it and they're kind of hanging over?

So this is a beautiful example of children seeking out and having an intuition for health and an having intuition when given the free time at a park will find the things that they need.

Some of the kids are going to find spinners. some of the kids are going to find that it's very soothing for them. So what's happening there, remember our extension means arousal, folding needs calming.

They're giving pressure to their tummy and you can get that pressure into your tummy in a lot of ways. You can hang over the swing, you have a big exercise ball and hangover it, get a stuffed animal and place your child on the tummy, stack up the the couch cushions and let them hang over that.

And then what's happening in the back space where our kidneys and adrenals are, sort of the seat of endocrine system, which in a child who's aroused all the time, you can't see it because I'm sitting, but we're kind of squeezing that seat at the adrenal system all day.

So to have the pressure through the tummy and the lengthening through backspace, We're kind of balancing out that sympathetic and parasympathetic arousal, which is really the nuts and bolts of all of the exercises that I send home, all the exercise on my online program, things that help support the front, the parasympathy nervous system,

to rest and digest and calm down and deactivate that sympathic arouse.

So any way to get a child Kind of round it over something. It can be rounded over your knee. We play a game in my office called peanut butter sandwich.

The kids lay over the ball. the Ball is the first piece of bread. They are the peanut but I smooth it out. I'm smoothing it given heavy pressure around the back and then we put a very heavy blanket on top as the kind of like the top piece to the second piece And Rachel, they'll lay there and just breathe with me and hum.

It's very regulating. So you can let your parent creativity now that you sort of know the nuts and bolts of how this works. You can come up with a lot of ways to do that.

And I haven't seen a at least with a little time and patience and titrate and just do a bit here and there, most children tend to really live into that one.

So I'll offer that because I haven't met a lot of children who don't take advantage of that opportunity. And parents can do it too. I was just thinking, I'm like, maybe I need to drape.

I think more draping in my life. Yes, you need some folding and some drapping and extending through that endocrinism. Yeah, no, thinking all the parents, we all need be doing these things.

Crossing the Midline and Developmental Patterns

We're taking notes for ourselves. That's right. All right, so I know parents, especially maybe of like high needs kids or kids that are seeing their pediatrician, you know, we're talking about, oh, sensory processing.

Or they might tell us they're doing some exercises to cross the midline or they are doing activities like piano to across that mid line. And they re slouchy.

So what about their core strength? So I guess, can you help us understand some of those different concepts in a practical way and share some the struggles maybe that parents have when they come to talk to you about that?

Yeah, so these are kind of all those buzzwords that are out there right now as we as a population start to understand. Oh, the body is playing a big role there.

There is something there and so usually if teachers see something they'll say, you know, I think your son is experiencing has some sensory needs, because they don't.

That's sort of the symptom that they see and that's the language and what it cues to me, Rachel, is that, they are wanting to look under the hood for that child and see what's underneath, and it's a really great sign.

So when I hear language like this, like, oh, we learned that we should be crossing the midline or we learn that piano or playing an instrument is great for These things are all real.

They're all true. I want you to know that there's three midlines. There's not just this vertical one, they all play a role. And when people talk about being able to cross this vertically midline, it is true, It's very important.

It helps us keep our place when we're reading because the eyes have to across that vertical mid line while we are reading. Crossing the midline is an indication that the two hemispheres are integrated.

So there's this little bridge called the corpus callosum that sends messages very quickly back and forth between the right and left hemospheres so we can use both of their strengths in an easy and fast efficient way.

Um, and so the crossing the midline is both a sign that the hemispheres are integrated when children can do it with ease. And so then I think it became really popular to, okay, well, if they need to be able to cross the little mid line,

let's have them practice crossing.

The mid-line and that is sound and good. Also, uh, just a, sign, that teachers and well-meaning adults are starting to understand the body has a role.

Um. But what I want to share is that there are six developmental movement patterns. Crossing the vertical midline is the very last one. So there's a reason why children can't cross the mid-line.

It's because it hasn't been established in the body. In developmental-movement therapy, we go back to the first patterns, and there're five to execute and to get under our belt, then crossing the middle line becomes very easy.

So I don't want to say that crossing the midline activities don t have value, but what I do want say in a therapeutic setting, there needs to be a little bit more attention to what's leading up to that.

The other piece is that when we're doing activities in an upright position, most of the movements are being regulated by the prefrontal cortex. Okay, well most the children I see are fine in that area.

They're very bright. And then we have some sort of low brain, mid brain things that need some, the boxes are not checked, some unfinished business. And so in order to therapeutically say hello to low and midbrain, the bodies need to be in a horizontal plane.

Think about how the babies are developing their hindbrains. Hindbrained first, you guys, bottom to top. So when babies around the floor, they're developing all those skills will become as automatic as blinking and swallowing.

one hand so the other hand can go out and reach that ball. That means when a seven-year-old is practicing their writing, this hand can stabilize and this can move as automatically as blinking and swallowing.

So that means that the cortex can be freed up. When we're talking about all these movements, crossing the midline, playing the piano, they are valuable and good, and I would never take away their value to children, but know that that is not as therapeutic as going through A, the five previous developmental movement patterns, doing some work in a horizontal plane to really check those unfinished boxes in the low and midbrain.

Nice, so for any of our parents who are watching who's maybe child is at OT or physical therapy and they're working on these movements already, what could they ask their therapist like specifically so their therapists could know like oh like maybe I should look at or you know try some other things?

Well, it kind of depends on how, what the framework that OT is working on. So I can't, I really, can speak to, oh, just tell your OT this because they're not all trained in developmental movement therapy.

This is where it gets tricky because parents think, well, they are doing movements. That doesn't necessarily mean that they on the floor going back to square one.

And sometimes they aren't. Keywords you might use are, are you working developmental movements? Are you working in a horizontal plane? Do you integrate retained primitive reflexes?

Questions for OTs and Physical Therapists

So these kinds of things, if you're shopping for an OT, you don't have someone like me in your area, and you decide OT is that that's where you are at, that where are you going to go, sometimes some questions like asking if they're trained in primitive reflection integration can be really important.

Because again, You can go through the movements in an upright position, in you can practice them and they can get better. but they are not being organized from the bottom up.

And so eventually, over time, having the cortex do the job of something that should be as natural as blinking and

swallowing, because remember, the low brain is sort of that automatic place.

It regulates everything automatic, blinking, swalling, heart regulation. So a lot of these things, like crossing the midline, helper hand, mover hand horizontal eye tracking, these invisible mechanics of learning, we want them to be is natural, it's blinking swaddling.

not learned from the cortex. So I think the things I would look for in an OT is are they often on the floor doing what kind of looks like alligator crawl, you know, rolling movements that you that are sort of age appropriate, but very heavily based in the infant sequence.

So those are some ways to kind of work with your OTs around kind getting what you need and also remember that not all OTS are trained like this. So you just kind have to do some shopping around and ask and know what kinds of questions to ask.

All right, lovely. So whenever parents are like, okay, let's go play. Let's have some movement. And then now that we've discussed that not all play and movement is alike.

Is there anything other than the draping maybe that you would suggest they do together as a family or incorporate into their day? Yes, I am going to say that if you think of it more about giving the body some attention and time, it seems to take that, oh my gosh, we don't all have to go to martial arts.

Although I do say, please, all go into martial art. But if you think about it as having moments with your child that are not intellectual pursuits. So during bath time, can you play music and just let it be a sensory experience and let the body have some time?

The body is amazing. When it has its time and gets some attention, it's going to feed the brain in a very nourishing way. What we tend to do as parents when we want to connect with our children is we do it through talking.

And that, again, is directing all the resources that the body has up to the cortex. And so even at the end of an exhausting day of using their cortex all day, if the connecting with parents at night is via more intellectual pursuits, the buddy really hasn't had any time during the day to ground, to integrate what it's learned, roughhousing at home with siblings and parents who like that, taking a family walk around the block, protecting your children from media.

That is, you know, we can't really say what schools are going to do from nine to three or whatever your day is. But at Home, there's really no place for that.

Especially if children are showing the signal symptoms of being dysregulated or having some problems experiencing joy and ease in their body.

Family Movement, Pressure, and Sensory Connection

We definitely don't want the evening activities to be more intellectual and more screen time. So however it works for your family, whether it be rolling up and down a hill in the backyard or taking the long way home from the parking, you know, any way you can fit some movement in.

so hugging and playing Simon Says or playing Twister or anyway you and let the body sort of have a moment. And that would look different for every family.

There's lots of resources on my online courses about ways to just get a few movement ideas in. But I think what I want to say to your audience for this question or at least in this moment is, be mindful of how much intellectual activity is going on in relationship to how physical activity.

Because even just by quieting that in the evening, if you can't get out and do movements, that is something you could do. Turn off the screens, have a sensory experience, just have time for the body to not be directing all of its resources up to cognition.

No, that is terrific. Earlier you had mentioned that in your office, when the children are draping over the ball, you'll do some kind of strong movements.

Do you have any recommendations for parents about continuing like, because as infants, a lot of us did the back rubbing or the foot massaging. Yeah. You have the recommendations to continue that as their children grow?

Yeah, I'll give you a really easy one right now. Child can lay on the tummy or in the bag, their choice. you are a big elephant with your very heavy hands and you start at the feet.

I'm a big elephant. I walk all the way up. So you're very heavy on the feet. It's slow, heavy, deep pressure. You skip the knees, of course, and you go up and maybe at the hips you come in from the side, you walk up, when I get to the shoulders, I kind of pull down.

Oh, we got to take a break here and pull out on those shoulders with deep pleasure. In my office, i do go on a face. Excuse me, excuse me. I get some deep pressure and I rest my two heavy hands on the head for a moment, and then we slide all the way down to your tootsies.

And that's heavy, heavy heavy. It depends on how old your child is. If you have a 13-year-old, they might be like, you're not going to really get any deep-pressure in.

The ball is probably your best friend with a but littles will love it and so that deep heavy pressure just going from the bottom to the top and sliding down you can have them flip over as many times as you want what it does is it it encourages parents to have to modulate their own pressure and attune to their child because every child wants a different amount of pressure some kids tell me Could you be a little bit heavier?

Could do squeeze a lot harder? And some are just like they only need a bit. So having that kind of exchange and attuning physically with your child is very valuable.

And it is a perfect opportunity how to connect with you child in a way that's not intellectual. That's one way. Then I'm just going to give you another one.

If you make a blood pressure cuff with hands, I keep my thumbs in of course. and you just give a blood pressure cuff squeeze to the wrist. I count to eight.

And then I go up the arm. When I get to the shoulder, I do a kind of a panini press instead of the circle. And you can do that with all the limbs. The only trick to that one is that we start at the end of our limb and move all of way up.

So that kind replaces the infant massage and the work you do on an infant's feet in a more age-appropriate way. We use this one a lot with children who are adopted or have reactive attachment disorder.

It's very bonding for the adult and child. So the only trick to any of these is that we wouldn't go into doing any hands-on work with children if our own nervous system was feeling a little heightened.

So you don't want to go in and touch your child's body, you know, when you're feeling heartbeat going fast, so you won't feel regulated. that, that won't be really helpful even if you have the best intention.

So take a moment, lay in the ball, hug somebody, do what you need to do because you're kind of feeding your nervous system, your calm regulated nervous into your child through that pressure.

Um, so it does a lot of things. It's not just about the pressure and the activity, it's about that back and forth and attuning and modulating your own pressure, um, So it has a Nice.

Well, goodness, like I feel like, I have learned so much today. So yeah, so I really, really appreciate it. Um, So for all of our busy parents listening today, do you have like one last message for them?

Final Advice for Parents and Where to Learn More

Yeah, I would just say I've just really watched the amount of effort we put into developing the cognition and the intellect of young children because they are designed from zero to nine to build their bodies.

It's the body's time. So we have less and less of these symptoms if we're giving them the movement-rich childhood. So just watch how much time outside of school you are also engaging in intellectual pursuits.

I think the World Wide Web is full of movement ideas. And I don't think that that's what I need to give more movement idea.s I just think I have to plant that seed of how do we balance out intellectual development and the physical support it actually needs, because the children are telling us all over the country, their bodies are not organizing enough for what we're asking them to do.

So again, we don't have much control over what happens during the school day, but at home we can aim to at least diminish the amount of cognitive pursuits and intellectual asks we are doing with our children.

Excellent. Well, thank you so much for sharing all of your expertise and great insights. For parents who want to learn more about you and what you do, where can they find that?

Yeah, you can go to babybear.net and it's B-A-B-Y B A-R-E. baby bear. I did write a book for younger parents, and so it's a good thing to give to young parents.

If you are actually a parent of an older child, most of the information is very relevant. It echoes what we've talked about here today. There's one chapter which goes over the infant movement sequence.

But it's relevant for most folks, a great shower gift. And then on my website, you will see that there's at-home programs. So we have a program called Healing Movements for Kids.

It goes over the developmental movement sequence, helps you understand which symptoms you're seeing, might be aligned with which one, and helps to make a little home program, which can be five minutes a day or it can 20 minutes day.

babybear.net is where you can find out more information. All right. Well, perfect. Thank you so much.